



Ostomy Society
Société Canadienne des Personnes Stomisées

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Vancouver Ostomy

HIGH *Life*

INSIDE

Changing Coverage	1
End of an Era	3
LifeCare Brunch	5
New Patients' Corner	6
Answering Questions	9
High Output Pouches	12
Christmas Luncheon 2019	14
Post Surgical Depression	21
How to Use Osto-Ez Vents	22
Staying Safe in a Tech World	24

2020 MEETING SCHEDULE:

Feb 22

Open Q&A

April 25

June 27

September 26
(AGM)



2020 Christmas Luncheon
Holiday Inn North Shore
Saturday December 5

ALL CHAPTER MEETINGS ARE HELD ON SATURDAYS AT:

Collingwood Neighbourhood House
5288 Joyce Street
Vancouver at 1:30 PM

NOTE: In the event of severe weather conditions, please call the Collingwood hotline 604-412-3845 to check if the centre is open.

Coverage Changing for treatment of Crohn's/Ulcerative Colitis

BC PharmaCare coverage is changing for people who take Remicade® (infliximab) for the treatment of Crohn's disease or ulcerative colitis.

Patients currently receiving the biologic drug infliximab, marketed as Remicade®, will see this coverage discontinued, with new coverage provided for the biosimilar versions of infliximab: Inflectra® and Renflexis™.

If you are currently receiving Remicade® to treat your Crohn's disease or ulcerative colitis and you depend on BC PharmaCare coverage, you need to make an appointment with your gastroenterologist (GI) to discuss this policy change.

Between September 5, 2019 and March 5, 2020 anyone with existing Special Authority coverage for Remicade® will be required to switch to either Inflectra® or Renflexis™. This provides a six-month time frame to switch to the new biosimilar.

As of March 6th, 2020, BC PharmaCare will only cover the biosimilar versions of infliximab: Inflectra® and Renflexis™, for patients living with Crohn's disease or ulcerative colitis.

BC Pharmacare will consider requests from physicians for patients with exceptional medical requirements that may prevent them from switching to a biosimilar.

What is a Biosimilar?

A biosimilar is a drug proven to be highly similar to a biologic drug that has been authorized for sale in Canada (known as the reference or originator biologic drug). Biosimilars have been approved by Health Canada based on a thorough comparison to a reference biologic drug and may enter the market after the reference biologic drugs' patents and data protection has expired.

Biosimilar products first entered the Canadian market in 2009. Health Canada has already approved 15 biosimilars including 3 anti-TNF therapies: INFLECTRA® (infliximab), RENFLEXIS® (infliximab) and HADLIMA® (adalimumab).

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cont. page 10

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PLEASE NOTE

Articles and information printed in this newsletter are not necessarily endorsed by the Ostomy Canada Society and may not be applicable to everybody. Please consult your own doctor or NSWOC nurse for the medical advice that is best for you.

From Your President

Happy New Year to everyone! May 2020 be a healthy and happy year for all of us. Each year brings changes to our lives and 2020 is no exception -- one of the biggest changes in our ostomy community is the retirement of one of the most respected and well known ostomy nurses in BC, Andy Manson. So in lieu of the usual President's Message I'd like to run this lovely tribute, written by her colleague Arden Townshend.

PS Get your memberships in!!

- Debra



The End of an Era

In 1989, Andy Manson joined her mother Helen, founder of the Ostomy Care & Supply Centre, and began a 30 year career as a trailblazer and advocate for people with an ostomy. Andy has been a central figure in ostomy care locally, nationally and internationally and today the Ostomy Care Centre is what it is because of Andy.

The Ostomy Care and Supply Centre was started with modest goals: dealing with issues like skin irritation, hernia belt fittings, and centrally, helping people learn to live full lives with an ostomy. Under Andy's guidance the Centre became a port in the storm for people all over BC, and beyond. As products evolved, so did Andy's practice. She used her nursing knowledge, unique visuospatial abilities and drive for excellence to hone her skills. Despite having a focus on simplicity, her care plans achieve excellent outcomes, as anyone who has received care from Andy knows. From her years of experience pioneering various techniques she has developed her own set of rules, and knows when to break them. She continually looks for ways to solve problems, looking well outside the box when necessary.

Andy has been a strong advocate for ostomy awareness and has done some amazing things in support of that: she has climbed Mount Kilimanjaro and trekked in Iceland with Rob Hill of IDEAS (weneedideas.ca). She has served on the Board of Ostomy Canada Society, formerly the United Ostomy Association of Canada, a volunteer organization for those with ostomies. She was awarded the ET Nurse



Doug Danforth presents the Ostomy Bag Award



Three Retirees are we!! Muriel Larsen, Andy Manson and Laurie Cox



Now you see her . . . now you don't!



MC Ray Gaucher congratulates Andy

cont page 13

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Christmas Brunch in Coquitlam

LifeCare Ostomy hosted a Christmas brunch at Pasta Polo Restaurant December 8. Chef/owner Fred Soofi prepared a special buffet that included traditional turkey, as well as pasta dishes, pizza, rice and vegetarian selections. The 45 attendees brought and received Secret Santa gifts, distributed by Santa Judy, with assistance from Valentine the Elf. Good job Tara, Masoud and everyone at LifeCare Ostomy! See you in 2020!



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Lauren Wolfe RN, BSN, CWOCN MacDonalds Prescriptions
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Less is more - are you using too many products?

Pouches, barrier rings, adhesive removers, adhesive sprays, ostomy powder, skin prep....I could keep listing products that could be used to manage your stoma. The big question is; do you need to be using all these products?

When it comes to your skin and stoma you will find that most NSWOC/WOCN (stoma nurses) nurses have the philosophy that less is more. What this means is that you only need to use products that ensure you don't experience a leak and your skin remains healthy. Using many different accessories can cause confusion when you experience a problem and sometimes may even cause problems. Problems can be skin reactions, your pouching system not adhering causing leaks or decreased wear time. Even the simple fact that you maybe complicating your change using too many added products. A change that could be 5-10 minutes is taking more 30 minutes. On another note accessory products can be expensive and if they are not helpful to you then best not to use them.

So when do we use accessory products?

Adhesive removers are designed to help remove the pouching system without causing trauma, skin tears to your skin.

They also help to remove any sticky residue that may be left on your skin after removal of your pouching system. I find that the spray works well to remove the pouching system and the wipes help to remove any left over barrier from the skin.

Skin Preps: In the past everyone was advised to use skin preps to help keep your skin healthy and ensure the ostomy wafer/backplate/flange adheres to your skin. In recent years with the advancement of technology the barrier composition allows for the barrier to adhere directly to your skin without using skin prep. In fact using skin prep can decrease how well the barrier adheres to your skin. Skin prep is commonly used when treating denuded/raw skin as many in North America follow the crusting format until the skin is healed.

Ostomy Powder: Similar to skin prep ostomy powder was used for many years as part of the application process for ostomy barriers. In fact the ingredients in Ostomy powder are similar to the wafer/flange. The goal being to absorb moisture. Unless your extremely sweaty I would suggest forgoing the powder and seeing how your ostomy flange adheres to your skin, you may be quite surprised.

Barrier rings: These serve a very important function, they can help to fill in creases or dips and valleys in your abdominal contours or for some they can add to the wear time allowing for less frequent changes. However sometimes as your stoma settles down post surgery it may be worth discussing with your NSWOC/WOCN whether you need to use a barrier ring or not. In my experience I often use them if you have an ileostomy but for colostomy and urostomy I may try to see if we can remove them.



Ostomy Belts: ostomy belts provide added support for the pouching system at 3 and 9 o'clock i.e. on the sides. It is not uncommon for people who have a challenging stoma to need to use an ostomy belt to add more support to prevent a leak. For some it is also peace of mind that the appliance will stay on or perhaps it helps with the weight

of the pouch if it's a little too full when a bathroom is not nearby.

Barrier extenders/ Adhesive tape barriers: This accessory product is new to the market and has a place for some individuals. I tend to recommend it for people who are using a smaller flange and need to increase the surface area if they are perhaps a larger person. Other uses are it products peace of mind when showering or swimming as it adds an area of water resistance to the edge of the flange. For some

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people it's just a comfort helping to prevent a leak, however from a NSWOC perspective these DO NOT prevent a leak they camouflage a leak as a leak starts immediately around the stoma. By the time it reaches these barrier extenders your pouch has been leaking for while causing potential skin damage.

In conclusion if you are unsure if you need to be using all the accessory's see you NSWOC/WOCN and discuss what you need and what I consider to be a nice to have.

Less is best, our skin is sensitive and we do not need to use more product than needed.

After my surgery do I need to wear loose fitting clothes?

Abdominal surgery or ostomy surgery whether it is performed laparoscopic or open (incision down the belly) usually causes your tummy to be distended or swollen for a while. Many people find that wearing their regular clothes can be uncomfortable. It is ok to be comfortable and wear loose fitting clothes however after a few weeks and once the swelling has gone down there is no reason why you cannot go back to wearing the clothes you wore before surgery. If your stoma is located on your belt line as often times that was the best place on your abdomen as it was the flattest area, as long as your belt is not too tight it should not cause

any problems or you could get a stoma guard as noted above.

Many people are able to wear their jeans, leggings or bike shorts with no problems. Hernia belts are now more common with no openings and they go right over the stoma.

My Motto: Wear what you want and go out and enjoy life, living with an ostomy doesn't mean you need to dress differently. If you have any other questions, check in with your Ostomy nurse for more help. ☐



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How I answered the most common (and entertaining) questions about my ileostomy I am 100% open. - by Leah Nikki Aug 29, 2019; Ostomy Connection

People are always so fascinated when they find out I have an ostomy. Sometimes, I get a blank stare that I think means, "Oh man, I have so many questions... I really want to ask, but I don't want to offend her."

I find that with my friends, one of four things tends to happen:

- They were around when all this went down, so they know the drill.
- They met me after it all went down, but have no shame and will straight up ask me whatever is on their mind.
- They are longtime friends and feel as though they haven't been in touch enough to ask me such intimate questions.
- They are weirded out by the whole thing and don't want to know.

I decided to a little question and answer session, gathering some of the most common and entertaining questions I've been asked about my ileostomy. So here goes, in no particular order.

Q: Can I see your ostomy bag?

Absolutely. I'm more than happy to show it to you. Most people don't know what it is and have all these ideas built up in their mind of what the bag looks like. Just ask me, then you can rest easy.

Q: Do you pee normal?

Yes, I pee normally. An ileostomy has nothing to do with the urinary system.

Q: How does the ostomy bag stay on your stomach?

The ostomy bag (or pouching system) has an adhesive wafer part that ad-

heres to the skin on my belly and it has a hole cut out for the stoma to come through.

Q: Can you ever take your ostomy bag off?

Yes and no. I take it off in order to replace the system (wafer/bag) about every 3-5 days and occasionally while I shower. Otherwise, no, I cannot take it off since I can't control when I "go." An ostomy bag must be worn at all times.

Q: How do you empty an ostomy bag?
It has an opening at the bottom of the bag, closed using a clip. I remove the clip, empty into the toilet bowl, wipe the end clean and close it. It literally takes me seconds. Guaranteed, when I go into the bathroom, you don't even know I'm doing it.

Q: Does ostomy poop smell?

Heck yes, it smells. All poop does. I've often thought that it shouldn't smell as bad as regular poop since it doesn't sit in your intestines for as long. That's not the case. It smells as bad, usually worse, than regular poop. But there are products that help reduce or eliminate the odor, and the ostomy bag itself does not smell.

Q: Do you still feel the urge to poop?

No, that feeling has gone away. And since the stoma has no feeling, I can't feel anything actually coming always. However, I can tell when my bag is filling up.

Q: Do you miss pooping like a normal person?

A: Not even a little bit. You need to understand that with active Crohn's disease, I never pooped like a normal person. I was in severe pain every time

I sat down. So no, I don't miss that.

Q: Can you have sex while wearing an ostomy bag?

A: Yes. This took me a while to learn due to my own hangup – feeling like my bag wasn't sexy. I spent a lot of time and energy trying to cover it up. But trust me, if you're even remotely interested in the sex you're having – you won't even notice the bag.

Q: Do you still fart?

This is one of my favorite questions. Technically, I don't fart the traditional way. Sometimes though, my stoma does release air into the bag (at the most inopportune times) which makes a noise. I have no control over that, it's sometimes embarrassing.

Well, have I answered most of your questions? Have I blown your mind? I hope not. I hope after reading this post, you realize that I am 100% open, and welcome any and all questions you may have about living with an ileostomy. My goal is to help raise ostomy awareness and get rid of negative stigmas. I want people who face this surgery to know that it's not a death sentence.

I've literally heard people say they'd rather die than have ostomy surgery. It's so silly! Yes, it's an adjustment. Yes, it has its challenges. Yes, obviously life without one would be easier (for people who don't suffer from a severe chronic illness). But if this is the hand you're dealt and surgery is the only answer — I say DO IT! Life goes on... a very normal life even! ☐



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BIOSIMILARS cont from page 1

Quality and Safety Around Biosimilars

To be approved in Canada, a biosimilar must be proven to have no clinically meaningful differences to the reference biologic. This means, studies of the biosimilar **MUST** show that there are no differences in outcomes for patients taking a biosimilar, compared to those taking a reference biologic drug.

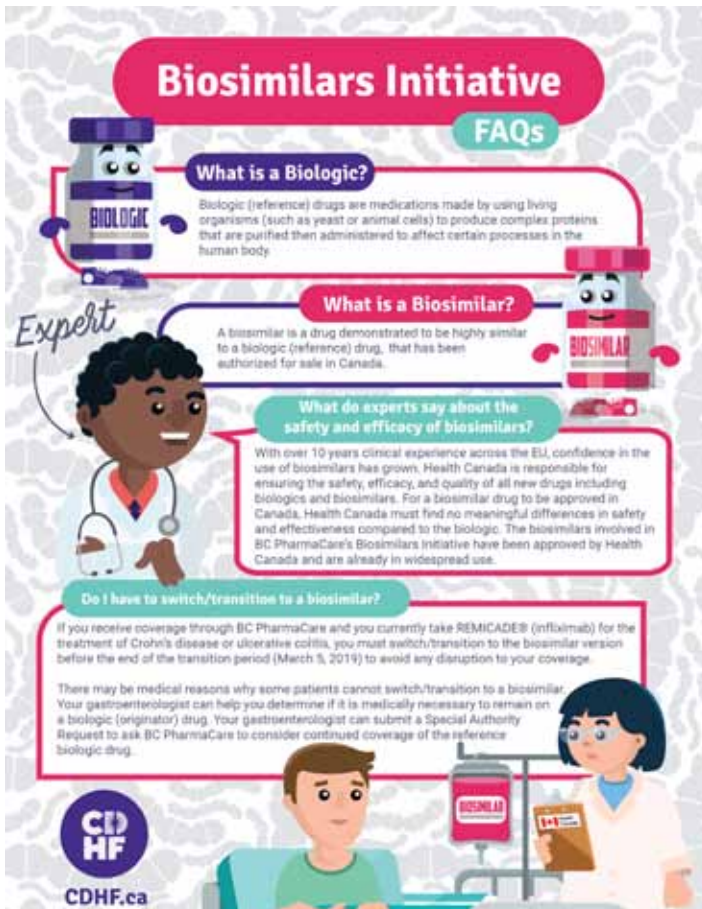
Rigorous standards for authorization by Health Canada mean that patients and health care providers can have the same confidence in the quality, safety and efficacy of a biosimilar.

Transitioning to a Biosimilar is Safe and Effective

Health Canada supports switching from a biologic to a biosimilar and considers that a one-time switch from a reference biologic drug to a biosimilar to be acceptable. Health Canada also recommends that the decision to switch be made by the physician/prescriber and patient, taking into account any policies of the relevant jurisdiction.

Biosimilars have been approved by Health Canada based on a thorough comparison to a reference biologic drug and may enter the market after the reference biologic drugs' patents and data protection has expired.

Biosimilar products first entered the Canadian market in 2009. Health Canada has already approved 15 biosimilars including 3 anti-TNF therapies: INFLECTRA® (infliximab), RENFLEXIS® (infliximab) and HADLIMA® (adalimumab). □



Biosimilars Initiative

FAQs

What is a Biologic?
Biologic (reference) drugs are medications made by using living organisms (such as yeast or animal cells) to produce complex proteins that are purified then administered to affect certain processes in the human body.

What is a Biosimilar?
A biosimilar is a drug demonstrated to be highly similar to a biologic (reference) drug, that has been authorized for sale in Canada.

What do experts say about the safety and efficacy of biosimilars?
With over 10 years clinical experience across the EU, confidence in the use of biosimilars has grown. Health Canada is responsible for ensuring the safety, efficacy, and quality of all new drugs including biologics and biosimilars. For a biosimilar drug to be approved in Canada, Health Canada must find no meaningful differences in safety and effectiveness compared to the biologic. The biosimilars involved in BC PharmaCare's Biosimilars Initiative have been approved by Health Canada and are already in widespread use.

Do I have to switch/transition to a biosimilar?
If you receive coverage through BC PharmaCare and you currently take REMICADE® (infliximab) for the treatment of Crohn's disease or ulcerative colitis, you must switch/transition to the biosimilar version before the end of the transition period (March 3, 2019) to avoid any disruption to your coverage.

There may be medical reasons why some patients cannot switch/transition to a biosimilar. Your gastroenterologist can help you determine if it is medically necessary to remain on a biologic (originator) drug. Your gastroenterologist can submit a Special Authority Request to ask BC PharmaCare to consider continued coverage of the reference biologic drug.

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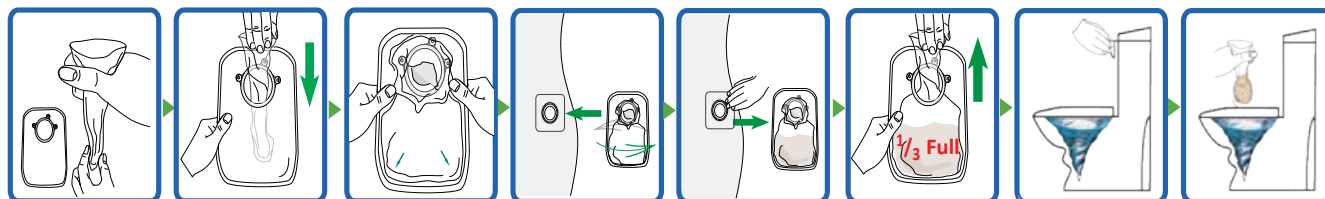
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HIGH OUTPUT POUCHES

By Gino Lara, NSWOC; Nightingale Medical Supplies Ltd. Summer 2019 issue

If you are a recent ostomate, particularly with an ileostomy, you may not yet be familiar with a high output pouch. This is because most likely you were introduced to a drainable pouch with a folding “tail”-end and a velcro mechanism for closure. Most drainable fecal pouches function this way. Certain individuals,



however, may require the use of a slightly larger pouch with a spout and cap mechanism for clo-

sure. Known as a “high-output pouch”, this type of pouch can be beneficial when stool volume is high and the consistency is liquid.

High output pouches are available in one or two-piece options, and a variety of sizes. Some also enable the user to connect to a secondary bag for additional drainage capacity.

The increased capacity of a larger pouch might result in less emptying per day, and the spout closure may be easier to operate; making high output pouches an attractive option. However, when deciding to use this style of pouch there are some important considerations to be made.

Foremost, why is your stool volume high and/or liquid? Initially, ileostomy stool volume may be high, and then decreases over time. Persistent high volume may be due to underlying conditions such as short-bowel, inflammatory bowel disease, or diet and medication side effects.

The second consideration is whether you are addressing the underlying modifiable factors related to high



output. Dietary modifications can be in the form of consuming more food that thickens your stool such as bananas, bread, pasta, or peanut butter. Medications such as Immodium (Loperamide) can aid by

decreasing stool volume produced in a day. Discussion with your Nurse Specialized in Wound, Ostomy and Continence (NSWOC), dietitian, or physician can be useful for long-term management strategies.

Lastly, consider the appropriateness of high-output pouch characteristics in relation to your bowel pattern. As mentioned previously, over time ileostomy output generally decreases in volume, but will also thicken as well. Once the stool is no longer of pure liquid

consistency, you may find it difficult to empty stool through the narrow spout opening. Forceful expression of thicker stool contents through the spout may cause leakage and failure of



the appliance where the spout is attached to the pouch material. Once your stool volume and consistency are optimized, it may be time to switch to a conventional drainable pouch.

For more information regarding the different pouch options available, and whether a high-output pouch is appropriate for your use, consult your NSWOC. □

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Not worth it. Wait six months.



Q. What is the difference between adhesive remover spray vs. wipes?



A. Simply put, adhesive remover spray is used more for removing the ostomy pouching system from your body.

Adhesive remover wipes are used for removing any lingering tacky residue (eg, barrier ring or paste, dried powder).



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*NSWOC Nurse Neal Dunwoody
is available -- call for appointment*

End of an Era, cont from page 3

of the Year in 2014, and has been a part of groups of expert ostomy nurses from around the world as they created guidelines to help guide practice throughout the world, and other tools to help improve the lives of people with an ostomy. Andy also undertook the Nurse Continence Advisor program at McMaster University and used this knowledge to help people with urinary and fecal incontinence.

Even before I started working here, I knew Andy by reputation. If you had an ostomy question, she was the one to ask. She is regularly asked for her wisdom and insight by her peers. Being invited to join the team was an honour as I was inspired by the level of care and commitment here; I learned from clinicians who had spent decades learning and improving their practice. Even they benefited from working alongside Andy, as she

shared what she had learned with all of us, and demonstrated how to be creative in problem solving.

You may not be aware of it, but this service and model of care are unique in Canada, and even the world. Without charging patients or the health care system, it has managed to provide critically essential care to people experiencing everything from an unusual occurrence to full crisis related to their ostomy. People are able to get expert help in a timely way so they can get on with the more important work of living. The impact of this service cannot be overstated; Andy has supported thousands of people and their families as they navigate the time after surgery, and life after recovery. If you're reading this, you know well how challenging this can be. Many of you have formed years-long relationships with Andy, and I know she has a special place in

so many hearts.

When I first met Andy in 2012, she told me she still got "juiced everyday" about the work she does, after more than 20 years. Her engagement with, and commitment to the community has been reciprocated through the trust and gratitude from patients and their families, her regard throughout Canada and the US from her peers, and the legacy she leaves in the Ostomy Care and Supply Centre. □

- Arden Townshend, BSN, RN, NSWOC



The Ostomy Care & Supply Crew, Dec 14 2019

Christmas Luncheon 2019

Well, the Holiday Inn on the North Shore is definitely our go-to venue from now on for this event! The food was every bit as excellent as last year, [we'll remind them about cooking the vegetables softer] and the staff could not have been more accommodating. Thanks to everyone who attended, brought gifts or prizes! 65 adults and 10 children enjoyed the wonderful brunch, prize and raffle draws and meeting one another to catch up on the past year. Well done to our volunteers -- Monica Nugent and Joan Nicholson on the door, Pierrette and Stuart Daigle helping with seating,

Joey Chisholm our crack raffle ticket seller (SOLD OUT!! I must make more tickets next year) Barb Mansell our excellent Santa, and photographer Liana Pan all helped make this a success. And last, thanks to Joy Jones for handling the contract, kids' presents, decorations, and menu and wine selection! And speaking of wine, an **extra big thank you to Lancaster Medical Products** for sponsoring our libations this year!!



Nice & naughty door people



"Rock & Roll is OK, but what I really like is rap"



May I sell you a raffle ticket?



The Albinsons fill out lucky raffle tix



Jim and Janice Balfour



Dave Kotow and Judy Clarke



Tara Hashemi and Patsy Peters



Pierrette Daigle and some elf



Kam and her mom Darsho



The Noringseths



The Johnstons



Hey Santa, remember me?



My word, young lady you have more hair than Santa!



The Jones clan



I've been good but my sisters not so much



I'm not turning this bear loose until I see what's in the bag



Paisley and her dad Zack



I believe you're new here?



Hey kids, this Santa thing's not so scary!



Were the desserts extra fantastic this year or what!



Me? Good? Was there any doubt?



*Two of our RockStar NSWOCs:
Lauren Wolfe and Arden Townshend*



*Holiday Inn Chef John takes a bow for
a wonderful buffet*



*It wouldn't be UOA Christmas luncheon
without Joy's trademark table decorations*



*And of course, some wine to go with the
turkey -- courtesy Lancaster Medical!*

Thanks to the following folks who brought a gift for the re-gifting draw prize table

Joan Nicholson, Sue Gedge, Bill & Raff Albinson, Inge & Joanne Noringseth, Janice Balfour, Shirley Kelleher, Shelley Adderley, Sheila McMillan, Joy Jones, Elaine Dawn, Marilyn Seifert, Bob Gedge, David Rogers, Donna Love

Thanks to the following businesses who donated gifts or prize baskets:
Lancaster Medical Supplies
Macdonald's Prescription & Supply
Lonsdale & Third Pharmacy
InnerGood Ostomy Supplies

Congratulations to our raffle cash draw prize winners --

Raffey Albinson, Betty Robertson and Betty McEwan! **Winners of InnerGood's product gift certificates were:** Maxine Barclay, Nachiko Yokota, and er, somebody else whose name I didn't catch, Shelley Adderley won the **giant gift basket from Lancaster Medical Products**, a man from the clan Siefert table won the other **giant gift basket from Macdonald's Prescriptions and Medical**. Sorry I'm missing some names. There's a lot going on up at the podium.



Photos courtesy Liana Pan and Earl Lesk

The first curved fit for curved areas



SenSura® Mio Concave

SenSura Mio Concave is the first appliance that's specially designed for stomas on bulges, curves and hernias.

If a stoma is sitting on a bulge, it might be hard to fit a flat product without getting creases and folds.

BodyFit Technology within the curved, star-shaped SenSura Mio Concave baseplate enables the baseplate to "hug" the outward area, and the flip-to-fit system makes it easy for your patients to put it on.

To find out how it could make life easier for your patients, speak to your local Coloplast representative.

Ostomy Care / Continence Care / Wound & Skin Care / Urology Care

Coloplast Canada, A205-2401 Bristol Circle, Oakville, ON www.coloplast.ca
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SenSura Mio Concave is one of the range of SenSura Mio appliances. The range offers an individual fit for regular, inward, and outward body profiles.

There's a **Mio** for *every body*



Stoma Guards: Do I need one?

Stoma guards are devices to help protect your stoma from injury. Injury to your stoma can come from physical activity such as skiing, snow boarding, ice hockey, soccer or many other activities, alternatively some may experience challenges with the seatbelt in the car or even feel that their pants belt may be putting a lot of pressure on the stoma. Stoma guards can help however they are challenging to get. They come in many different shapes and sizes. When researching the different stoma guards available online it became quite apparent that they all have differences. Most are a hard plastic or metal with an elastic belt to secure in place, some have a dome shape to help the output flow into the pouch. If you are considering a stoma guard I would suggest looking at these websites to see which one may suite your need. On the other hand you can call Convatec for a free one, you will need to provide your information to the company to receive one. Sometimes a stoma nurse will recommend using one if you wear a hernia belt with no opening and your stool pancakes, the guard with a dome shape can help prevent this.

Examples of some are:

1. Ostomy armor - <https://www.ostomyarmor.com/>
2. The stoma shield - <https://www.stomagear.com/>
3. Stomaplex - <https://www.stomaplex.com/>
4. Stoma Guard - <https://www.stealthbelt.com/stoma-guard>
5. Ostomy resolutions stoma guard - <https://www.ostomyresolutions.com/>
6. Convatec stoma guard - free - 1800 465 6302

OH NO!! I forgot to renew my 2020 membership!!

It's not too late (actually, we will chase you well into March) so please **make your cheque out to Vancouver UOA** and send your \$30 to **#405 - 1488 Hornby Street, Vancouver, BC V6Z 1X3. Can't remember if you renewed?** Call Membership Coordinator at 604-683-6774 or email: autodraw@shaw.ca



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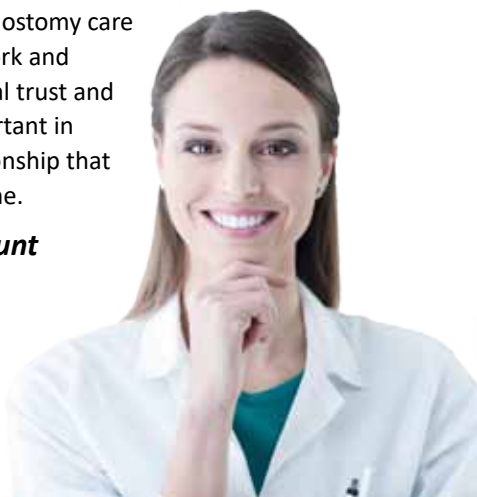
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**Seniors Discount
Available**



Double Takes

• A lot of drainable pouches comes with self-closing ends but many of us still use the older models that require a separate clip closure. It's easier than you think to drop a clip in the toilet! If you don't care to put your bare hand into a yucky toilet bowl, tuck a spare clip in a pocket or purse in case.



- If you stand up too quickly you can catch the clip on the edge of the toilet seat. (Ow!)
- Food dye in GatorAde and PowerAde can colour your stool green. Beets can make you look like you're passing blood.
- Take care to angle the pouch towards your leg to keep the clip away from private parts (Ow! again)
- Accidentally leaning against hot stoves, BBQ's, or fireplaces can melt a hole in your appliance in an instant.

"There is hope and
there is light. Being
happy is a choice
that you can make.
It's your choice."

Dana



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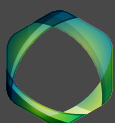
*Model portrayal
AP-018657-CA

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50% of all patients with a stoma will develop a hernia

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3	MODERATE support <ul style="list-style-type: none"> • After surgery • Wear during light exercise • To prevent or to support a small bulge 	Men's Support Pants Diamond Plus Briefs & Boxers Diamond Plus Support Waistband
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5	FIRM support <ul style="list-style-type: none"> • Wear during active work or sports as prevention • Support a more developed hernia 	Total Control Support Belt KoolKnit Support Belt



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Post-Surgical Depression and the Older Ostomy Patient

Ostomy surgery performed on seniors is frequently due to a cancer diagnosis. Patients find themselves coping with not only a frightening disease but with a major change in their bodies as well. After a lifetime of 'normal' bathroom habits, suddenly they are no longer in control and must use unwelcome artificial means to contain body waste. Although they may no longer have issues such as how to continue working at a job, or how to date with an ostomy, they have concerns and body image issues the same as those much younger. Let's face it, we're all vain and have our pride, no matter how old we are!

Depression, sadness or anger are common emotions for older ostomy patients to feel upon their return home. They may fear loss of independence -- how will I care for myself? How am I going to buy these supplies and how will I afford them? They may resent loss of dignity. They may resent family members who do not have to cope with an ostomy. They may resist going out or resuming former activities. They may feel -- "What's the use? I'm near the end of my life and now I'm stuck with this thing. I can't go out like this. I'll never be happy again." Does any of this sound like you? You're not alone. The first thing you should remember is you have been given many drugs during your stay in hospital -- pain-killers, antibiotics, and general anesthesia, all of which can affect your emotional state. General anesthetic in particular is known for triggering post surgical depressions lasting days or several weeks after a procedure. So if you're feeling pretty low, you're just like a lot of new patients after surgery. Go ahead and let yourself have a good cry when you want. Better to let things out than bottle them up inside. But what if the bad feelings aren't going away? You need to take a look at what might be making your sadness worse.

First -- is the ostomy itself causing problems? Is the appliance not fitting you, are you getting leaks, is there an odour you dislike? If you answered



'yes' to any of these, get yourself to the nearest ET at once. You don't have to put up with poorly functioning appliances -- make sure you are applying things correctly and have the nurse review this with you. Ask for different samples of different brands and be specific about your needs and problems. Ask for manufacturer's toll-free numbers and call for free samples. Get the names of suppliers in town, the ones who understand ostomates' needs and who keep abreast of new products and trends. Don't rule out health food stores, either. Knowledgeable staff in these stores can recommend herbal supplements or foods that promote bowel health and suppress odour.

Are you hiding at home? The simple act of getting dressed and going outside for a walk, even if it's just up the street gets you out of a gloomy house and away from gloomy thoughts. You need to be as active as your old body will let you. Get some fresh air everyday, look at some scenery. Walk the dog if you have one! He doesn't know you have an ostomy and wouldn't care anyway. If you can walk you can go places and if you can go places you can do different things. Don't lie around the house in your pajamas. It's bad for the body and terrible for the soul.

Are you spending too much time alone? Many seniors live alone, and their families may live far away. If you are one of these it's even more important that you have something to do and people to do it with while you're coping with an ostomy. Call up your friends and get together with them. Get yourself to the nearest seniors' centre and

sign up for something -- a writing class, music, bird-watching, whatever grabs your fancy that gets you out and gets your mind off that ostomy. (by the way, chances are you could meet someone ELSE who has an ostomy at a senior centre!) Volunteer -- helping other people makes you feel good and you meet new people. And you may meet those who are worse off than you. Find your local United Ostomy Association Chapter and attend a meeting. Many UOA chapters offer volunteer counsellors, people with ostomies like YOU who understand your feelings and worries. Call them up.

What if the depression will not lift no matter how hard you try? If you can honestly say you've tried to keep busy, tried to interact with others and take care of your body and you STILL have hopeless feelings, if you are still constantly sad without much change after six months you may need to see your doctor and explain the situation. Ask him or her if they can refer you to a counsellor or therapist -- cancer treatment centers often have such professionals on staff. Sometimes just talking things out with such a person can help set you back on track.

What kinds of medications are you taking? Again you should review and discuss with your doctor what prescriptions you have, which may have changed and if any combinations have become harmful to your health. Should you take anti-depressant medication? Sometimes anti-depressants can help but they take time to have an affect. Just don't let your doc shove a bottle of pills at you and hurry you out the door. That isn't addressing the problem, only masking it. It's important that you know ALL ostomy patients experience sadness, depression and anger in the beginning. Some sort themselves out on their own. Some need a little more help -- don't be too proud to ask. You don't have to do this alone.

- reprinted from HighLife, March April 2004










PRODUCT REVIEW - Osto Ez-Vent - Vegan Ostomy, November 2018

One problem that many ostomates face is pouch ballooning. Ballooning is caused when gas fills your ostomy pouch and has nowhere to go. The result can be a very inflated pouch that can end up causing a leak or a blow-out. *[and become visible under clothing]* Needless to say, current pouch designs do very little to help, and while most pouches can be purchased with a filter, they often become clogged quickly, especially with liquid or loose output. “Burping” your appliance will only work if you have a coupling that opens like a Tupperware container, but even then there is a risk of releasing more than just gas (yes, this has happened to me).

There is a unique product which aims to overcome this challenge. That product is the Osto Ez-Vent.

I’m excited to review this product because overnight ballooning has been an issue for me, and while I’ve never experienced a leak, it is still quite alarming to wake up to a pouch ready to burst.

How to Attach the Osto Ez-vent

 <p>STEP 1</p> <p>To begin, you will need:</p> <ul style="list-style-type: none">• Pouch• Osto-EZ-Vent®• 91% isopropyl alcohol (DO NOT use prepackaged pads)• cotton• pair of scissors	 <p>STEP 2</p> <p>On the side of the bag opposite the stoma opening, above the level of the opening, rub a small area with alcohol-moistened cotton until the gloss on the pouch surface is removed.</p>	 <p>STEP 3</p> <p>Peel backing from vent tape. Do not touch sticky surface.</p>
 <p>STEP 4</p> <p>Open vent. Place it horizontally on cleaned area of pouch. With thumbs and forefingers, press all around vent base for best contact to pouch. Vent should stick right away, however, let bond for 24hr.</p>	 <p>STEP 5</p> <p>Once bonded, give the vent a slight tug test. If materials stretch as shown in photo you have a good bond.</p>	 <p>STEP 6</p> <p>Once vent is securely bonded to bag surface, bring the vent down to the pouch opening as shown in photo, open vent and insert the narrow blade of a pair of scissors through the vent opening. Carefully twist the blade back and forth making the hole the size of the vent opening.</p>
 <p>STEP 7</p> <p>Make the hole the same size as the vent opening to allow air to escape easily.</p>	 <p>STEP 8</p> <p>Close vent, pouch with attached vent is ready to wear.</p>	 <p>FOR COVERED POUCHES ONLY</p> <p>Carefully cut a small hole in the cover to attach your Osto-EZ-Vent® directly to the pouch.</p>

The Osto EZ-Vent attaches to your pouch (apparently any pouch) and when you need to release some gas, you simply open the small valve when it’s convenient for you and you’re done.

If you’re an ostomate who has problems with joint pains or arthritis in the hands, you might want to have a friend or relative help.

The EZ-vent locks quite securely and even a very ballooned pouch won’t cause the vent to open on its own. It has never caught on clothes or anything like that.

One of the nice things that I like about this product is that they offer a nice enhancement to the quality of life as an ostomate.

Using a drainable pouch, these vents will stay on until your next appliance change and I usually put vents on several pouches at a time, so I’m always prepared for the next appliance change. If your vent get soiled, simply clean it the next time you drain your pouch.

If you’ve installed it on the top part of your appliance, and you use the product when standing or sitting, the pouch contents shouldn’t interfere with the venting process.

I should add that gas from your pouch, like the gas in a traditional fart, will smell. If you weren’t breaking wind around family and friends before your ostomy, you won’t want to start now. Be courteous and mindful of where you vent your pouch.

This product should be covered by all insurance policies that cover ostomy supplies, but the manufacturer’s website states that Medicare will not cover both the Osto EZ-Vent and filtered pouches, so be aware of your particular policy before making a claim.

This product is sold worldwide and you should be able to get samples from any supplier carrying this product. □

For more info, visit <http://www.kemonline.com/>

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Staying Safe in a Tech World

MONTREAL — The Competition Bureau, in conjunction with the Better Business Bureau, Quebec-based consumers group Option Consommateurs and other fraud-prevention partners, announced the top 10 fraud scams targeting Canadians in 2016. In terms of the number of complaints received, the hit list is as follows:

1. Employment Scam: \$5.3 million lost

The most reported scam to BBB Scam Tracker. Chances are you didn't apply for a job you can do from home, much less get an interview. A cheque-cashing scheme that is simply too good to be true.

Advice: Do research on any company before accepting a position; ignore a company that asks you to deposit a cheque.

2. Romance Scams: \$17 million lost

Canadians give away a lot of money as they give away their hearts to Catphishers. Catphishing is when a fraudster fakes an identity and tricks someone via dating sites into a phony emotional or romantic relationship for financial gain.

Advice: Do not wire money to someone you've never met.

3. Identity Fraud: \$11 million lost

Scammers steal a person's identity to secure credit cards, bank loans and even rent property in that name.

Advice: Never carry your SIN with you; change online passwords regularly.

4. Advance Fee Loan: \$1.1 million lost

Paying an up-front fee to get a loan is illegal in Canada and the United States. These scammers prey on those who don't qualify for loans through reputable lenders.

Advice: Seek alternative finance options.

5. Online Purchase Scams: \$8.6 million lost

Scammers have new online avenues to take your money and trust. Counterfeit merchandise, goods that never show up, fake websites and free trial traps are everywhere.

Advice: Shop on legitimate websites; use third party payment portals such as PayPal.

6. Wire Fraud — "Spearphishing:" \$13 million lost

Spearphishing is a big problem for the business community. Millions are lost when scammers pose as company brass and demand money be wired to a fake company email.

Advice: Create payment redundancies in your organization; be vigilant on any incoming emails.

7. Binary Options Scam: \$7.5 million lost (Investment Fraud)*

Big promises of low-risk, high returns, and full refunds entice Canadians to take a chance. It's really just an unregulated 50/50 bet and not investment at all. They delay any winnings... if you win at all.

Advice: Understand high risk is involved; seek professional investment advice.

*Source: Canadian Anti-Fraud Centre

8. Fake Lottery Winnings: \$3 million lost

If you didn't enter ... you didn't win. Calls come in at all hours telling you you've won a big lottery. You just need to pay a tax or insurance fee before you get your millions. It's way too good to be true.

Advice: You do not have to pay to receive lottery winnings; contact the corporation directly.

9. Canada Revenue Agency Scam: \$4.3 million lost

While the scam is still being reported, a crackdown on a call centre in India



in 2016 has seen a dramatic decrease in the number of calls targeting Canadians.

Advice: The Canada Revenue Agency does not make threatening phone calls; the CRA does not request information by phone or by email.

10. Fake Online Endorsements and Sponsored Content: Amount of Money Lost Unknown

Consumers are often enticed to purchase a product or service based on reviews by social media influencers. Unfortunately, these reviews may not be genuine and the influencer may have been paid by a company to be used as a marketing tool. □



Did You Know?

Female cats are usually right-pawed.

After testing 42 cats—21 male and 21 female—psychologists D. Wells and S. Millsopp of Queen's University Belfast determined that cat's dominant paw is correlated with gender. For the record: Female cats? Right-pawed.

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A warm welcome is extended to our new (or returning) members

Arlene McInnis • Marie Rompf

Thanks to the following folks for their kind and generous donation to the Chapter or Youth Camp:

Jennifer Irvine • Arlene McInnes • Raffey Albinson • Dilbag & Darsho Johal • Joy Jones • Liana Pan Grace Walker • Helmet Wolf • Earl Lesk • Bonar Fallis Dan Koller • Florence Robertson • Norma Primiani Selma Belsheim • Henry Schmuland • Hans Frei Patricia Lowe • Veda Roodal Persad • Betty McEwen Cecile McDougall • George Neudorf



A special thank you to the Otto and Marie Pick Charitable Foundation of The Family of Martin & Denise Pick for their very generous donation to the Youth Camp.

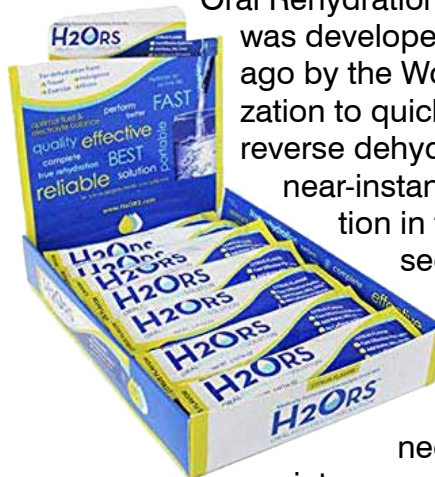
Otto and Marie Pick arrived in Canada in 1938 from their Czech home, soon to be occupied by Nazi Germany. Through their courage, hard work, creative and intelligent efforts they founded a corporation, that over the decades grew into a major see industry enterprise. These efforts enabled the establishment of this charitable foundation.

It is focused on helping social causes that target health care benefiting our communities as well as specific health targets; on providing resources to assist in the health, well-being and social development of disadvantaged children; on providing resources to assure wholesome and healthy food to stressed households, and finally to support Canadian arts and culture.

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Wish emptying your pouch could be less messy?

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Vancouver #2

Fairmont Building 746 West Broadway
(604) 872-2662 ext 1
Call for appointment: 604-484-6319
Lauren Wolfe, RN, CWOCN

Vancouver #3

2188 West Broadway, Vancouver
Call for appointment: 604-738-0733
Neal Dunwoody, NSWOC

NIGHTINGALE MEDICAL SUPPLIES

(8 LOCATIONS)

Vancouver:

Kent Street: 604-879-9101

West Broadway: 604-563-0422

Susie Stein, NSWOC, Gino Lara, NSWOC, Heidi
Sugita NSWOC(mat leave), Helen Kim, NSWOC,
Aleza Moyer, NSWOC

Langley: 604-536 4061

Katie Jensen NSWOC, Laura Jean DeVries
NSWOC, Donna Tyson, NSWOC, Meggan Chung,
NSWOC (mat leave)

White Rock: 604-427-1988, Laura Jean DeVries,
NSWOC

Coquitlam: 604-941-9985 Helen Kim, NSWOC,
Aleza Moyer, NSWOC

Victoria: (250) 475-0007 Maureen Mann NSWOC

Kamloops: (250) 377-8844 Monica Stegar
NSWOC

Vernon: (250) 545-7033

Lani Williston NSWOC, Dawn Lypchuk NSWOC

OSTOMY CARE & SUPPLY CENTRE

2004 8th Ave. New Westminster

Tel 604-522-4265 Toll-free: 1-888-290-6313
Andy Manson, NSWOC, NCA
Arden Townshend, NSWOC
Marty Willms, NSWOC, IIWCC
Lucy Innes, NSWOC
Lisa Abel, NSWOC
Misty Stephens, NSWOC
Website: <http://www.myostomycare.com/>

REGENCY #6

1144 Burrard St., Vancouver

(across from St. Paul's)

Call for ET appointment: 604-688-4644
Neal Dunwoody, NSWOC
Heidi Kim, NSWOC (starting January)

COMMUNITY CARE NURSING

(Ambulatory and Home Care). New and Existing
ostomies requiring possible nursing support: self,
family, care giver, GP referred.
Vancouver Community Central Intake:
604-263-7377
Richmond Continuing Care: 604-278-3361
Sea to Sky Community Health: 1-877-892-2231
North Shore Community Health: 604-986-7111

Lakeside Medicine Centre

112A 2365 Gordon Drive, Kelowna

Call for appointment: 250-860-3100
Fax: 250-860-3104 1-800-222-9002 Toll Free
Pam Mayor NSWOC, BSN.
Kristi Kremic NSWOC, BSN.
Linda Penney NSWOC, BSN.
Web: www.lakesidepharmacy.ca

**ET Nurses - Many of you work at
more than one site, or may have
changed worksites.**

**Please help keep me current and
send updates to:
autodraw@shaw.ca**



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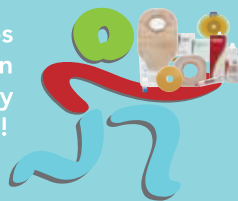
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MEMBERSHIP / RENEWAL APPLICATION

United Ostomy Association Vancouver Chapter

Membership is open to all persons interested in ostomy rehabilitation and welfare. The following information is kept strictly confidential.

Please enroll me as a ☐ new ☐ renewal member of the United Ostomy Association Vancouver Chapter.
I am enclosing my annual membership dues of \$30.00. I wish to make an additional contribution of \$ _____, to
support the programs and activities of the Vancouver Chapter and the national Ostomy Canada Society. Any donations of
\$20 or more will receive a tax receipt.

Name _____ Phone _____

Address _____

City _____ Postal Code _____ Year of Birth _____

email (if applicable): _____

Type of surgery: ☐ Colostomy ☐ Urostomy ☐ Ileostomy ☐ Internal Pouch ☐ N/A

May we welcome you by name in our newsletter? ☐ OK ☐ I'd rather not

Additional contributions of \$20 or more are tax deductible. Please make cheque payable to the **UOA Vancouver Chapter**
and mail to: **Membership Coordinator, 405 - 1488 Hornby Street, Vancouver BC V6Z 1X3**